

POV Safety Checklist

Just because your vehicle passed an inspection last time you registered it doesn't mean your car will always be safe. Check your vehicle thoroughly before each trip and use common sense.

- | | Yes | No |
|---|---|-------|
| 1) Check tires: ensure plenty of tread | _____ | _____ |
| | proper air pressure | _____ |
| 2) Ensure you have a full tank of gas | _____ | _____ |
| 3) Windshield wipers are functional | _____ | _____ |
| 4) Window washer fluid is full | _____ | _____ |
| 5) Ensure all lights: traffic, signal, flashers and interior lights are working | _____ | _____ |
| 6) Check oil level | _____ | _____ |
| | Change oil every 3000 miles or every 3 months | _____ |
| 7) Brakes function properly | _____ | _____ |
| 8) Safety equipment: | _____ | _____ |
| | Seatbelts | _____ |
| | Child Restraints | _____ |
| | First Aid Kit | _____ |
| | Warning Triangle | _____ |
| | Spare tire & tools | _____ |
| | Flashlight | _____ |
| | Water, blanket | _____ |
| 9) Vehicle in sound condition | _____ | _____ |
| 10) Emergency auto insurance | _____ | _____ |

Off-Duty Mission Brief

Signature of First Line Leader Briefed _____ Date _____

Alcohol Safety Tips

- 1) Don't drink and drive, boat or swim.
- 2) Use designated driver when going out to drink. If no transportation is available call Staff Duty or MP. You will not be penalized for using common sense. See numbers below.
- 3) Drink in moderation. Alcohol is poisonous.
- 4) Do not go to unknown bars and clubs by yourself.

Phone Numbers

Staff Duty: _____

Taxi: _____

Safe Driver's Pledge

I pledge to always make sure everyone in my vehicle buckles up!

I pledge to obey all traffic laws and maintain the proper speed and separation distance for all situations.

I pledge to be a responsible driver.

I pledge to stay alert while driving.

I pledge to never take safety for granted.

I pledge to not drink and drive; I will use a designated driver, call for a ride, find other transportation or make other arrangements if impaired.

Signature _____

Date _____

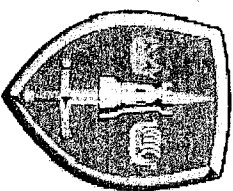
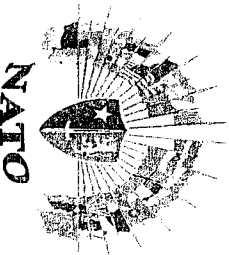
AFNORTH

Off-Duty

Risk Assessment Card

Use this card to assess the risks involved in your off duty activity. First, honestly evaluate your personal risk level. Then, analyze the details and characteristics of your planned travel. Inspect you vehicle using the enclosed check list. Upon the completion of your assessment, brief the results to your First Line Supervisor or NCO/Officer in your Chain of Command.

U.S. ARMY



Safety Card

Name: _____

Unit: _____

Date: _____

Emergency POC: _____

Emergency Contact #: _____

1st Line Supervisor: _____

(or NCO/Officer who issued you your safety briefing)

Individual Risk Assessment

Risk Factors

(Circle the appropriate categories and corresponding points)

Sex: Female (0 pts) Male (+5 pts)
Age: < 19 or 34 - 38 yrs (+1 pt)
20 - 23 yrs (+6 pts)
24 - 28 yrs (+3 pts)
29-33 yrs (+2 pts)

Grade: E1, E8-E9, W1, W2, 01 (+1 pt)
E2, O2, E6 - E7 (+2 pts)
E3, E5 (+3 pts)
E4 (+4 pts)

Driving Record: DUI (+17 pts)
Accident at-fault (+12 pts)
Reckless Driving/Speeding (+7 pts)
(Over 20 MPH)
Moving violation/Speeding (+3 pts)
(Over 10 MPH)

Personnel Concerns: Stress or family problems (+12 pts)
(Death in family/arrest/alcohol or drug abuse/financial problems/counseled for poor performance in past 6 months)

Driving Skills: Less than 3 yrs experience (+3 pts)
Habitually speeds, fails to use (+6 pts)
seat belts, motorcycle helmet

TOTAL: Drives a motorcycle (+8 pts)
Add all circled points _____ pts

Risk Assessment Chart

Extremely High Risk > 25 pts Moderate Risk 15-19 pts
High Risk 20-24 pts Low Risk < 15 pts

Controls

Attend Defensive Driving Course (-10 pts)
Attend Accident Avoidance Course (-10 pts)
Counseling by 1st Line Supervisor (-7 pts)
Counseling by Commander/ISGT (-8 pts)
RESIDUAL RISK: _____ pts

Risk Assessment Chart

Extremely High Risk > 25 pts Moderate Risk 15-19 pts
High Risk 20-24 pts Low Risk < 15 pts

Trip Assessment Worksheet

Risk Factors

Destination: _____
Activity / Purpose: _____

Distance: _____ Duration: _____

Risk: (chart opposite) Low Moderate High Ex High

Time of Departure: _____

Low (complete trip prior to 2000 hrs)
Moderate (complete trip prior to 2200 hrs)
High (complete trip prior to 2400 hrs)
Ex High (complete trip after 2400 hrs)

Hours of Sleep in Last 24 hrs: _____

Low (7 hrs or more)
Moderate (5-7 hrs)
High (3-5 hrs)
Ex High (less than 3 hrs)

Time of Return: _____

Low (complete trip prior to 2000 hrs)
Moderate (complete trip prior to 2200 hrs)
High (complete trip prior to 2400 hrs)
Ex High (complete trip after 2400 hrs)

Hours of Sleep in Last 24 hrs: _____

Low (7 hrs or more)
Moderate (5-7 hrs)
High (3-5 hrs)
Ex High (less than 3 hrs)

Risk Assessment Chart

Overall Risk Level: (circle)

Low Moderate High Ex High

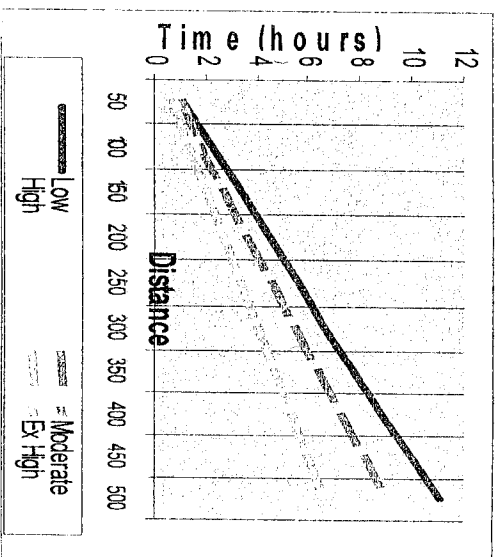
Controls

Alternate Transportation (bus, train)
Assistant Driver
Rest Breaks / Overnight
Additional Leave
RESIDUAL RISK: (circle)

Low Moderate High Ex High

Trip Assessment Worksheet

Time/Distance



Vehicle Safety Tips

- 1) Adjust your driving speed for traffic, road conditions and weather.
- 2) Get plenty of rest before preparing to drive long distances. Fatigue is a major accident cause.
- 3) Always use your seat belts. Children under 12 years old require child or booster seats. You are responsible to ensure everyone in your vehicle wears their seat belts.
- 4) Pay ATTENTION! Stay focused on your driving. Don't be distracted by your cell phone, passengers, CD or tape cassette player.
- 5) Talking on the cell phone while driving is hazardous and against the law.
- 6) NEVER, EVER drink and drive. Drive defensively, because one in 20 drivers is drunk!